

MONTANA CHEMICAL DEPENDENCY CENTER

**PATIENT SATISFACTION SURVEY**

*All Patient's must turn in their completed patient survey at the start of the 2<sup>nd</sup> aftercare/Relapse group. Be sure to indicate your gender.*

We at Montana Chemical Dependency Center care how you feel about your treatment experience. Please take a few minutes to share your opinion by completing this satisfaction survey. You will remain totally anonymous; we are only interested in your feedback regarding our service.

Date: \_\_\_\_\_

Circle One:      Male      Female

1.      **How was the overall quality of our chemical dependency treatment program?**

Excellent      Above Average      Average      Marginal      Poor

2.      **What was the overall quality of services received from the following staff?**

Physicians      Excellent      Above Average      Average      Marginal      Poor

Nursing      Excellent      Above Average      Average      Marginal      Poor

CD Counselors      Excellent      Above Average      Average      Marginal      Poor

Treatment Specialists      Excellent      Above Average      Average      Marginal      Poor

Mental Health Staff      Excellent      Above Average      Average      Marginal      Poor

Support Staff      Excellent      Above Average      Average      Marginal      Poor

Administration      Excellent      Above Average      Average      Marginal      Poor

3.      **Were you treated with courtesy, dignity and respect by:**

Physicians      Always      Most of the Time      Sometimes      Rarely      Never

Nursing      Always      Most of the Time      Sometimes      Rarely      Never

CD Counselors      Always      Most of the Time      Sometimes      Rarely      Never

Treatment Specialists      Always      Most of the Time      Sometimes      Rarely      Never

Mental Health Staff      Always      Most of the Time      Sometimes      Rarely      Never

Support Staff      Always      Most of the Time      Sometimes      Rarely      Never

Administration      Always      Most of the Time      Sometimes      Rarely      Never

4. Describe the quality of your living conditions.

Excellent Above Average Average Marginal Poor

5. How was the overall quality of the food?

Excellent Above Average Average Marginal Poor

6. How was the variety of meals and snacks provided by the food service?

Excellent Above Average Average Marginal Poor

7. What was the general attitude of food service staff.?

Excellent Above Average Average Marginal Poor

8. Was your length of stay adequate to allow you to achieve your treatment goals?

Completely Adequate Adequate Too Long Too Short

9. The quality of the following treatment components was:

Group Therapy Excellent Above Average Average Marginal Poor

One-to-one Therapy Excellent Above Average Average Marginal Poor

Lecture Topics Excellent Above Average Average Marginal Poor

Assignments/Readings Excellent Above Average Average Marginal Poor

Thinking Errors Group Excellent Above Average Average Marginal Poor

Family Involvement Excellent Above Average Average Marginal Poor

AA/NA Sessions Excellent Above Average Average Marginal Poor

RET Group Excellent Above Average Average Marginal Poor

10. Were you given the opportunity to assist in developing and providing input into your treatment plan?

Always Sometimes Rarely Never

11. How was the orientation you received upon admission into treatment?

Excellent Above Average Average Marginal Poor

12. If you received treatment for co-existing mental health issues, rate the quality of this service. (Please leave this blank if it doesn't apply to you)

Excellent      Above Average    Average      Marginal      Poor

13. If you received treatment for co-existing mental health issues, was this treatment valuable in better understanding your addiction and yourself? (Please leave this blank if it doesn't apply to you)

Extremely      Somewhat      Undecided    Of little value    No value

14. If you received medication for your mental health issues, did you find this helpful in better dealing with your mental health issues as well as your addiction treatment? (Please leave this blank if it doesn't apply to you)

Extremely      Somewhat      Undecided      Of little help      No help

15. If you could change one thing at Montana Chemical Dependency Center to significantly improve our services, what would that be?

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THANK YOU FOR YOUR TIME & INPUT